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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Montoya

Serial No.: 09/826,786

Group No.: 3623

Filed: April 5, 2001

Examiner: J. Loftis

For: METHOD AND SYSTEM FOR COLLECTING AND DISSEMINATING SURVEY  
DATA OVER THE INTERNETAMENDMENTMail Stop AMENDMENT  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

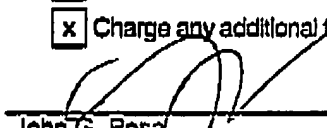
Dear Sir:

In response to the Office Action mailed July 3, 2006, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON &amp; CIKOWSKI P.C. 2703 TROY CENTER DR., SUITE 300, P.O. BOX 7021 TROY, MICHIGAN 48067-7021 (248) 647-6000

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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. AUT-10002/36	
Application No. 09/826,786-Conf. #4084	Filing Date April 5, 2001	Examiner J. Loftis	Art Unit 3623		
Applicant(s): Jean P. Montoya					
Invention: METHOD AND SYSTEM FOR COLLECTING AND DISSEMINATING SURVEY DATA OVER THE INTERNET					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 30 =	0	x 25.00	0.00
Independent Claims	2	- 3 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 John G. Posa Attorney/Agent Reg. No.: 37,424				Dated: <u>November 3, 2006</u>	
GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (734) 913-9300					